

### **UNITED STATES** SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**TEMPORARY** 

## FORM D

3235-0076 OMB Number December 31, 2008 Expires: Estimated average burden 16.00 hours per response ......

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC Mail Processing Section

1111 17/000

Name of Offering ( check if this is an a Common Shares of Hard Assets Opport		c has changed, and i	ndicate change.)		Weshington, DC
Filing Under (Check box(es) that apply): Type of Filing: New Filing	Rule 504 Amendment	Rule 505	⊠ Rule 506	Section 4(6)	ULOE
	A. BAS	IC IDENTIFICAT	TION DATA		
1. Enter the information requested about	the issuer				
Name of Issuer ( check if this is an amer Hard Assets Opportunity Fund LTI		s changed, and indi	cate change.)		
Address of Executive Offices c/o Prime Management Limited, Mechal Street Hamilton HM11 Bermuda		and Street, City, Sta Box HM 3348 12 C		hone Number (Includin 295-0329	g Area Code)
Address of Principal Business Operations (if different from Executive Offices)	(Number	and Street, City, Sta	te, Zip Code) Telep	hone Number (Includin	g Area Code)
Brief Description of Business			· · · · · · · · · · · · · · · · · · ·		
Feeder fund investing primarily in affilia	ated Hard Assets O	pportunity Master	· Fund LTD		
	artnership, already fo artnership, to be for		er (please specify): (	Cayman Island Exemp	ted Company
Actual or Estimated Date of Incorporation Jurisdiction of Incorporation or Organization	on: (Enter two-le		Actual  Estimate vice abbreviation for reign jurisdiction)		## DEC 2 9 2008
GENERAL INSTRUCTIONS  Note: This is a special Temporary Form D (17 of Commission a notice on Temporary Form D (17 of 2009). During that period, an issuer also may file Form D (17 CFR 239.500) and otherwise comply Federal:  Who Must File: All issuers making an offering 77d(6).  When To File: A notice must be filed no later the Exchange Commission (SEC) on the earlier of the it is due, on the date it was mailed by United State Where to File: U.S. Securities and Exchange Commission (SEC) on the earlier of the instance of the manually signed copy or bear typed or prilinformation Required: A new filing must contain information requested in Part C, and any material SEC.  Filing Fee: There is no federal filing fee.	CFR 239.500T) or an in paper format an inity with all the requirem of securities in reliance than 15 days after the fine date it is received by the registered or certific ministry of F Streemust be filed with the signatures.	amendment to such a tial notice using Form ents of § 230.503T.  e on an exemption und set sale of securities in the SEC at the address ed mail to that address at, N.E., Washington, I SEC, one of which musted. Amendments no	notice in paper format of D (17 CFR 239.500) by the Regulation D or Sectification of the offering. A notice is given below or, if reconduction of the control of the offering of the control of the contr	on or after September 15, 2 bit, if it does, the issuer must tion 4(6), 17 CFR 230.501 is deemed filed with the Uneived at that address after the copy not manually signer of the issuer and offering	s that file with the 008 but before March 16, at file amendments using et seq. or 15 U.S.C.  S. Securities and the date on which the date on which the date on which the date of the date
State: This notice shall be used to indicate reliance on thave adopted this form. Issuers relying on ULO a state requires the payment of a fee as a precond the appropriate states in accordance with state la	E must file a separate r lition to the claim for t	notice with the Securit he exemption, a fee in	es Administrator in eac the proper amount shal	h state where sales are to b I accompany this form. Th	oc, or have been made. If
		ATTENTION			

Hard Assets Opportunity Fund LTD- Form D

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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### A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - · Each general and managing partner of partnership issuers.

	Promoter	Beneficial Owner	Executive Officer	Director	☐General and/or Managing Partner
Full Name (Last name first,					
Van Eck, Jan Frederick					
Business or Residence Addr			Code)		
335 Madison Avenue N	· · · · · · · · · · · · · · · · · · ·				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Van Eck, Derek Steven					
Business or Residence Addr	ress (Number ar	d Street, City, State, Zip	Code)		•
335 Madison Avenue N	ew York, Ne	w York 10017			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Cameron, Charles T.	if individual)				
Business or Residence Addr	ress (Number ar	d Street, City, State, Zip	Code)		
		• • •		hurch St. Ha	milton HM11 Bermuda.
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				10-1-1-1
Kelly, Joe					
Business or Residence Addr	ess (Number ar	d Street, City, State, Zip	Code)		•
olo Primo Monocomon	t Limited Me	chanics Building P.C	D. Box HM 3348 12 C	hurch St. Ha	milton HM11 Bermuda.
CO Frime Managemen					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer		General and/or
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	⊠Director	General and/or Managing Partner
Check Box(es) that Apply: Full Name (Last name first,	Promoter	☐Beneficial Owner	Executive Officer	☑Director	
Check Box(es) that Apply: Full Name (Last name first, Monaghan, Carol	☐Promoter			⊠Director	
Check Box(es) that Apply: Full Name (Last name first, Monaghan, Carol Business or Residence Addr	☐Promoter  if individual)  ress (Number ar	nd Street, City, State, Zip	Code)		
Check Box(es) that Apply: Full Name (Last name first, Monaghan, Carol Business or Residence Addr	☐Promoter  if individual)  ress (Number ar t Limited Me	nd Street, City, State, Zip	Code)		Managing Partner  milton HM11 Bermuda.  General and/or
Check Box(es) that Apply:  Full Name (Last name first, Monaghan, Carol  Business or Residence Addr c/o Prime Managemen	☐Promoter  if individual)  ress (Number ar  t Limited Me	nd Street, City, State, Zipechanics Building P.C	Code) <b>D. Box HM 3348 12 C</b>	hurch St. Ha	Managing Partner  milton HM11 Bermuda.
Check Box(es) that Apply:  Full Name (Last name first, Monaghan, Carol  Business or Residence Addrector Prime Managemen  Check Box(es) that Apply:  Full Name (Last name first,	☐Promoter  if individual)  ress (Number ar  t Limited Me ☐ Promoter  if individual)	nd Street, City, State, Zipechanics Building P.C	Code)  D. Box HM 3348 12 C  Executive Officer	hurch St. Ha	Managing Partner  milton HM11 Bermuda.  General and/or
Check Box(es) that Apply:  Full Name (Last name first, Monaghan, Carol  Business or Residence Addre/o Prime Managemen  Check Box(es) that Apply:	☐Promoter  if individual)  ress (Number ar  t Limited Me ☐ Promoter  if individual)	nd Street, City, State, Zipechanics Building P.C	Code)  D. Box HM 3348 12 C  Executive Officer	hurch St. Ha	Managing Partner  milton HM11 Bermuda.  General and/or Managing Partner
Check Box(es) that Apply: Full Name (Last name first, Monaghan, Carol Business or Residence Addr c/o Prime Managemen Check Box(es) that Apply: Full Name (Last name first, Business or Residence Addr	☐ Promoter  if individual)  ress (Number ar  t Limited Me ☐ Promoter  if individual)  ress (Number ar ☐ Promoter	d Street, City, State, Zipechanics Building P.C  Beneficial Owner  d Street, City, State, Zip	Code)  D. Box HM 3348 12 C  Executive Officer  Code)	hurch St. Ha	Managing Partner  milton HM11 Bermuda.  General and/or  Managing Partner

					<u> </u>	3. INFOR	MATION	ABOUT	OFFERI	NG					
1. I	las the issu	er sold, or	does the is	suer inten	d to sell, to	non-accre	dited inve	stors in thi	s offering	?				Yes	No 🖂
Answer also in Appendix, Column 2, if filing under ULOE.									ш						
What is the minimum investment that will be accepted from any individual?									\$1,000,0	00*					
*(Sub	ject to red	ection at t	he discret	ion of the	Fund but	not belov	\$100,000	))							
3. [	Does the off	ering perm	it joint ow	nership of	a single u	nit?		***************************************				••••		Yes ⊠	No
r F t	emuneratio erson or ag han five (5) lealer only.	n for solici ent of a br persons to	tation of proker or de to be listed	ourchasers caler regist are assoc	in connec ered with	tion with s the SEC a	sales of se nd/or with	curities in a state or	the offerir states, list	ng. If a pe t the name	rson to be of the bro	: listed is a oker or dea	on or similar in associated iler. If more nat broker or		
ruii is	lame (Last i	iame iirsi,	ii inaiviat	iai)											
Busin	ess or Resid	lence Addr	ess (Numl	ber and Str	rect, City,	State, Zip	Code)								
Name	of Associa	ed Broker	or Dealer	III.	,										
States	in Which F	erson List	ed Has So	licited or I	ntends to S	Solicit Pur	chasers					_			
	(Check	"All State	s" or chec	k individua	al States)									🗀 AI	l States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full N	lame (Last i	name first,	if individu	ıal)											
Busin	ess or Resid	lence Addr	ess (Num	ber and Str	eet, City,	State, Zip	Code)					.,,			
Name	of Associa	ted Broker	or Dealer												<u>.</u>
States	in Which F	erson List	ed Has So	licited or l	ntends to S	Solicit Pure	chasers								
(	Check "All	States" or	check indi	ividual Sta	tes)			•••••			· · · · · · · · · · · · · · · · · · ·			🗖 Ai	l States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full N	ame (Last)	name first,	if individu	ıal)		· -									
Busin	ess or Resid	lence Addı	ess (Num	ber and Str	cet, City,	State, Zip	Code)								
Name	of Associa	ted Broker	or Dealer												
States	in Which F	erson List	ed Has So	licited or I	ntends to S	Solicit Puro	hasers								
(Check "All States" or check individual States)									🗌 AI	l States					
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Answer also in Appendix, Column 3, if filing under ULOE.  number of accredited and non-accredited investors who have securities in this offering and the aggregate dollar amounts of their For offerings under Rule 504, indicate the number of persons who have securities and the aggregate dollar amount of their For offerings under Rule 504, indicate the number of persons who have securities and the aggregate dollar amount of their purchases on hes. Enter "0" if answer is "none" or "zero."  Answer also in Appendix, Column 4, if filing under ULOE.  Ing is for an offering under Rule 504 or 505, enter the information for all securities sold by the issuer, to date, in offerings of the types in the twelve (12) months prior to the first sale of securities in this Classify securities by type listed in Part C – Question 1.	\$ \$ \$	5,000,000,000  Number Investors  0		\$\$ \$\$ \$ \$ Dol	O Aggregate lar Amount of Purchases 0
Common Preferred Convertible Securities (including warrants)	\$ \$ \$	5,000,000,000  Number Investors  0		\$ \$ \$ \$ Dol \$	O Aggregate lar Amount of Purchases O
Common Preferred Convertible Securities (including warrants)	\$ \$ \$	5,000,000,000  Number Investors  0		\$\$ \$\$ \$\$	O Aggregate lar Amount of Purchases O
Common Preferred Convertible Securities (including warrants)	\$ \$ \$	Number Investors		\$ \$ Dol \$	Aggregate lar Amount of Purchases
Answer also in Appendix, Column 3, if filing under ULOE.  number of accredited and non-accredited investors who have securities in this offering and the aggregate dollar amounts of their For offerings under Rule 504, indicate the number of persons who have securities and the aggregate dollar amount of their purchases on hes. Enter "0" if answer is "none" or "zero."  Accredited Investors	\$ \$ \$	Number Investors		\$ \$ Dol \$	Aggregate lar Amount of Purchases
Answer also in Appendix, Column 3, if filing under ULOE.  number of accredited and non-accredited investors who have securities in this offering and the aggregate dollar amounts of their For offerings under Rule 504, indicate the number of persons who have securities and the aggregate dollar amount of their purchases on hes. Enter "0" if answer is "none" or "zero."  Accredited Investors	\$ \$ \$	Number Investors		\$ \$ Dol \$	Aggregate lar Amount of Purchases
Answer also in Appendix, Column 3, if filing under ULOE.  number of accredited and non-accredited investors who have securities in this offering and the aggregate dollar amounts of their For offerings under Rule 504, indicate the number of persons who hased securities and the aggregate dollar amount of their purchases on hes. Enter "0" if answer is "none" or "zero."  Accredited Investors	\$ \$	Number Investors		\$ \$ Dol \$ \$	Aggregate lar Amount of Purchases
Answer also in Appendix, Column 3, if filing under ULOE.  number of accredited and non-accredited investors who have securities in this offering and the aggregate dollar amounts of their For offerings under Rule 504, indicate the number of persons who have securities and the aggregate dollar amount of their purchases on hes. Enter "0" if answer is "none" or "zero."  Accredited Investors	\$	Number Investors 0		Dol \$\$	Aggregate lar Amount of Purchases
Answer also in Appendix, Column 3, if filing under ULOE.  number of accredited and non-accredited investors who have securities in this offering and the aggregate dollar amounts of their For offerings under Rule 504, indicate the number of persons who have securities and the aggregate dollar amount of their purchases on hes. Enter "0" if answer is "none" or "zero."  Accredited Investors		Number Investors 0		Dol \$\$	Aggregate lar Amount of Purchases 0
number of accredited and non-accredited investors who have securities in this offering and the aggregate dollar amounts of their For offerings under Rule 504, indicate the number of persons who hased securities and the aggregate dollar amount of their purchases on hes. Enter "0" if answer is "none" or "zero."  Accredited Investors		Investors 0		Dol \$ \$	lar Amount of Purchases
securities in this offering and the aggregate dollar amounts of their For offerings under Rule 504, indicate the number of persons who nased securities and the aggregate dollar amount of their purchases on nes. Enter "0" if answer is "none" or "zero."  Accredited Investors		Investors 0		Dol \$ \$	lar Amount of Purchases
Total (for filings under Rule 504 only)		Investors 0		Dol \$ \$	lar Amount of Purchases
Total (for filings under Rule 504 only)				\$	
Total (for filings under Rule 504 only)					
Answer also in Appendix, Column 4, if filing under ULOE.				\$	
Answer also in Appendix, Column 4, if filing under ULOE.					
Classify securities by type fished in Fart C - Question 1.					
ype of Offering		Type of Security		Do	ollar Amount Sold
tule 505				\$	
egulation A				\$	
ule 504				\$	
				\$	
			🔲	\$	
g and Engraving Costs			🛛	\$	2,500
Fees			🛛	\$	30,000
nting Fees			🛛	\$	10,000
eering Fees			🗆	\$	
Commissions (specify finder's fees separately)			🗆	\$	
Expenses (identify)			🗆	\$	
			_		
	n a statement of all expenses in connection with the issuance and on of the securities in this offering. Exclude amounts relating solely ration expenses of the issuer. The information may be given as future contingencies. If the amount of expenditure is not known, estimate and check the box to the left of the estimate.  Fer Agent's Fees  In g and Engraving Costs  Fees  In this press are a sering Fees  In the amount of expenditure is not known, estimate and check the box to the left of the estimate.  Fees  In the amount of expenditure is not known, estimate and check the box to the left of the estimate.  Fer Agent's Fees  In this press are a sering Fees  In the difference between the aggregate offering price given in response and the security of the security the secu	n a statement of all expenses in connection with the issuance and on of the securities in this offering. Exclude amounts relating solely reation expenses of the issuer. The information may be given as future contingencies. If the amount of expenditure is not known, estimate and check the box to the left of the estimate.  Fer Agent's Fees  In g and Engraving Costs  Fees  Interpretation of expenditure is not known, estimate and check the box to the left of the estimate.  Fees  In graving Costs  Fees  Interpretation of expenditure is not known, estimate and check the box to the left of the estimate.  Fees  In graving Costs  Fees  In graving Costs  Fees  In graving	n a statement of all expenses in connection with the issuance and on of the securities in this offering. Exclude amounts relating solely reation expenses of the issuer. The information may be given as future contingencies. If the amount of expenditure is not known, estimate and check the box to the left of the estimate.  Fer Agent's Fees  In g and Engraving Costs  Fees  Interpretation of the issuance and continue to the information may be given as future continuence is not known, estimate and check the box to the left of the estimate.  Fer Agent's Fees  In g and Engraving Costs  Fees  In g and Engra	Per Agent's Fees	n a statement of all expenses in connection with the issuance and on of the securities in this offering. Exclude amounts relating solely exation expenses of the issuer. The information may be given as future contingencies. If the amount of expenditure is not known, estimate and check the box to the left of the estimate.  Ser Agent's Fees   \$

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

5.	Indicate below the amount of the adjusted gross proposed to be used for each of the purposes sl purpose is not known, furnish an estimate and cl estimate. The total of the payments listed m proceeds to the issuer set forth in response to Part	hown. If the amount for any heck the box to the left of the ust equal the adjusted gross		
		`	Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		<b>\$</b>	🗆 \$
	Purchase of real estate		<b>\$</b>	🗆 \$
	Purchase, rental or leasing and installation of mad	chinery and equipment	<b>\$</b>	\$
	Construction or leasing of plant buildings and fac	cilities	<b>\$</b>	🗆 \$
	Acquisition of other businesses (including the involved in this offering that may be used in excof securities of another issuer pursuant to a merge	change for the assets	<b>\$</b>	🗆 \$
	Repayment of indebtedness		<b>S</b>	\$
	Working capital		<b>\$</b>	<b>\$</b>
	Other (specify): Investment Capital		<b></b> \$4,999,957,500	🗆 \$
	Column Totals  Total Payments Listed (column totals added)			\$ ,957,500
	D.	FEDERAL SIGNATURE		
follow	ssuer has duly caused this notice to be signed by the ving signature constitutes an undertaking by the is st of its staff, the information furnished by the issuer	suer to furnish to the U.S. See	curities and Exchange (	Commission, upon written
	(Print or Type)  d Assets Opportunity Fund LTD	Signature Mhi	Date /3	2/15/08
	of Signer (Print or Type) rles T. Cameron	Title of Signer (Print or <b>Director</b>	•	
			- 1	

END

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)